



HILLTOP JUNIOR SCHOOL
Hill Avenue, Wickford, Essex SS11 8LT
Tel: 01268 734649



Dear Parents

Administration of Medication to School Pupils

The 'Administration of Medication to Pupils Procedures' are in force to protect the welfare of your children and ensure that staff responsible for the administration of medication at Hilltop Junior School are working within current legislation i.e. that they are shown to "exercise reasonable care to avoid injury".

The types of medication that parents may require the school to administer fall into three main categories:

1. Medication necessary for the management of a chronic or life threatening medical condition e.g. asthma, diabetes, attention deficit disorder, epilepsy etc.;
2. Medication, usually taken for short periods, e.g. antibiotics where a child is regarded by a doctor as fit to return to school provided a prescribed course of medication is completed;
3. Medication to relieve occasional discomfort such as toothache, period pain etc. where a non-prescribed analgesic (pain reliever) may be necessary.

With regard to categories 1 and 2 it would obviously be preferable if parents could encourage their GP to prescribe medicines in dose frequencies, which enable such medication to be taken outside school hours. We do appreciate however that this will not always be practicable and in such circumstances parents or carers will be asked to complete a request form for the school to administer the medication (see Appendix A). **Please note: Oral instructions from the pupil or parent will not be acted upon.** Medicine given will be logged appropriately.

Regarding category 3, non-prescribed pain relievers can only be administered by a parent/carer at an appropriate time within school, having first been approved by the Headteacher that it is convenient for the parent/carer to visit school for this purpose. Care must also be taken to prevent the child being singled out as 'different' by his/her peers. In such cases the school office would also need to be notified for appropriate recording to take place. On no account will aspirin or preparations containing aspirin be administered on school premises unless prescribed by a GP.

Any medicine provided for your child must be **professionally packaged and clearly labelled with the patient's name, date and dosage**, with the patient information leaflet included (also applicable to asthma pumps). The label must include:

- The child's name;
- The name of the medicine;
- The method dosage and timing of the administration;
- Directions for use;
- The date of issue;
- The expiry date (if known);
- The length of treatment or stop date, where appropriate.

The medicine should have been dispensed in the last three months.

Details of possible side effects should also be given. Parents must also complete the Request to Administer Medication Form (Appendix A) in addition to following the above labeling criteria.

Parents may continue to provide non-medication style cough sweets/pastilles for their child to take during break-times. These will be kept, individually labelled with the child's name and class, in the school office. As per current arrangements, pupils will have to come and sit outside the school office when they wish to have one of their cough sweets/pastilles. *On no account should a child carry around any sort of medication, apart from inhaler while in school.*

Children with a chronic or life threatening condition will require a written Healthcare Plan (statement defining the management of the pupil) developed between the school, parent and child's GP or other Health Care professional. These are child specific and cover the procedures to be followed in an emergency as well as any medication or staff training required. Such protocols also have to be consented to and signed by both parents and the school. These are to be kept in a confidential file in the School Office. Copies are also given to any staff members who may come in to contact with the child concerned on a day-to-day basis.

For children with asthma, parents may also supply a spare inhaler, clearly named, to be held in the school office. *Parents please remind your child that it is their responsibility to ensure that their inhaler is accessible at all times especially on school trip/swimming days.*

Thank you for your continued cooperation. Please do contact me if you require any further information.

Yours sincerely

Mrs A J Waite
Headteacher

APPENDIX A

**HILLTOP JUNIOR SCHOOL
REQUEST FOR SCHOOL TO ADMINISTER MEDICATION**

Pupil's Full Name: _____ **Class:** _____

Address: _____

Condition / Illness: _____

Name / Type of Medication: _____

For how long will child be required to take medication? _____

Date Treatment Started: _____

Frequency of Dosage: _____ **Timing:** _____

Additional instructions/information: (e.g. before/after food, interaction with other medicines, possible side effects, storage instructions) _____

Emergency contacts:

Name: _____ **Relationship to child:** _____

Daytime telephone no: _____

OR

Name: _____ **Relationship to child:** _____

Daytime telephone no: _____

I understand that I must deliver the medicine personally to the School Office, and collect any remaining medication when the course is completed. I accept that Hilltop Junior School has the right to refuse to administer medication.

Name: _____ **Relationship to child:** _____

Daytime telephone no: _____

School use:
Remaining medication returned to parent on _____

Or disposed of via _____ *on* _____